



Students Name \_\_\_\_\_ Date \_\_\_\_\_

Please Initial

\_\_\_\_ I give permission for my child to have his/her picture published in the yearbook, newspaper, webpage, Facebook or on anything else that may become public. Only students with this initialed will be able to appear.

\_\_\_\_ In the event of an emergency, I authorize the school principal, secretary, or superintendent designee to take my child to the nearest medical facility. My child's physician is \_\_\_\_\_ and their phone number is \_\_\_\_\_.

\_\_\_\_ If my child becomes ill at school, I authorize the school principal, secretary, or superintendent designee to administer non-prescription medication to my child in the event that I cannot be contacted to give consent to administer the same. Regular medications should be checked into the office. It should be in a container, appropriately labeled by the pharmacy or physician with the name of the student, medication name, dosage, and the time for it to be administered.

\_\_\_\_ In accordance with the Senate Bill #371, Bowling School must have written consent before any students name can be listed in the school directory. I give permission for my child to be listed.

\_\_\_\_ I DO NOT WANT MY CHILD LISTED IN THE DIRECTORY

\_\_\_\_ I give consent for Bowling Public School to administer corporal punishment (paddle) to my child as outlined in the school board policy. This is valid for the school year 2024-2025.

\_\_\_\_ I DO NOT CONSENT TO THE ADMINISTRATION OF CORPORAL PUNISHMENT TO MY CHILD. THIS IS VALID FOR THE 2024-2025 SCHOOL YEAR.

\_\_\_\_ I have read and received the Bowling School Policies and Rules and agree with them as written.

\_\_\_\_ I have read and received the AR Policy for Bowling Public School and agree with it as written.

I have initialed all the above items I agree with as written.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2024

\_\_\_\_\_  
Parent/Guardian Signature

A R Policy for Bowring School  
A R points = 25% of total Reading grade

1. All AR tests must be taken on books read this school year.
2. Prior authorization by teacher is required in order to read any book that are:
  - Grades 3 & 4: one level below a student's current grade level. Students are expected to read at their current grade level. (3<sup>rd</sup> grade students read level three, 4<sup>th</sup> grade students read level four)
  - Grades 5 & 6: two levels below a student's current grade level. Students are encouraged to at or no more than one grade level below their grade level.
  - Grades 7 & 8: 5<sup>th</sup> grade or above. Because of the lack of availability in the 7<sup>th</sup> and 8<sup>th</sup> grade books, students are permitted to read any book that is two levels below their current grade level.
3. No ½ point books are permitted unless student is within ½ point away from reaching AR goal for the 9-week period. (1/2-point books = an average of 1000 words; whereas, 1 point books = an average of 6000 words.
4. Prior authorization by teacher is required in order to take a test on any book within one week of another student taking the test on the same book. Exemption would books read orally in group or class setting. On books read orally, no student is ever permitted to take an AR test sitting next to someone taking the same test or at the same time without direct adult supervision in AR testing area.
5. Prior authorization by teacher is required in order to read any book that is not checked out in a student's name. (i.e.: you can not take a test on a book you have not checked out in your name unless teacher has written proof and/or observes you reading the book) Books from home and electronic books need to be pre-approved.
6. Any student caught sharing or receiving answers to AR test questions will not only lose the AR points from that particular book, but also receive penalty points deducted for their AR grade. No paper or pens/pencils are permitted in the AR testing area. Teacher has the option of requiring the AR test to be taken again if suspected cheating is involved.
7. It is the student's responsibility to obtain all necessary authorizations from the teacher.
8. AR tests may not be taken over books that the teacher reads to the class for points that count toward the AR goal for the grading period.

I \_\_\_\_\_ have read this policy. \_\_\_\_\_  
Students Name Date

I \_\_\_\_\_ understand my child's AR reading responsibility. \_\_\_\_\_  
Parents Name Date

Student Name:

Today's Date:

Date of Birth:

Grade:

School:

Your child may be eligible for additional educational services through Title X, Part C McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**Where are you and your family currently living? Please check one of the boxes below.**

**SECTION A**

Rent/own my own home or apartment

**STOP:** If you checked the box that you rent/own your own home or apartment skip to the bottom of the page, sign the form, and then submit to school personnel. If you do not rent/own your own home or apartment, please continue to the next section.

**SECTION B**

Temporarily with another family member or friend until we can locate affordable housing

In an emergency or transitional shelter

In a vehicle, park, campground, or on the streets

In a house, building, or trailer WITHOUT running water or electricity

In a hotel or motel

With an adult that is not a parent or legal guardian

Alone or in different locations, without an adult serving as a caregiver

Wherever I can find a place to stay at night

Other Please Explain:

**If you checked a box in section B, in the space below please list all children currently living with you who attend "name" Public Schools.**

| FIRST & LAST NAME OF STUDENT | MALE OR FEMALE | DATE OF BIRTH | GRADE | SCHOOL NAME |
|------------------------------|----------------|---------------|-------|-------------|
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |
|                              |                |               |       |             |

Would you like to be contacted by an employee of the school to discuss additional educational services that may be available to your child?  Yes  No

*The undersigned certifies that the information provided is correct and accurate.*

(Print) Parent/Guardian or Adult Caring for the Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Bowring School  
87 County Road 3304 1001 Lottie Street  
Pawhuska OK 74056  
Phone: 918-336-6892 Fax: 918-336-1348

Appendix A

The Bowring school district and the parents participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and the parents will build and develop a partnership that will help children achieve the State's high standards.

This school-parent compact is in effect during your child's enrollment in this school.

SCHOOL RESPONSIBILITIES

The BOWRING SCHOOL DISTRICT WILL:

- Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards.
- Hold parent-teacher conferences (at least annually in elementary schools) during which this compact will be discussed as it relates to the individual child's achievement.
- Provide parents with frequent reports on their children's progress.
- Provide parent with reasonable access to staff.
- Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

PARENTS RESPONSIBILITIES

We as parents will support our children's learning in the following ways:

- Monitoring attendance.
- Ensuring that homework is complete.
- Monitoring the amount of television children watch.
- Volunteering in child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Prompting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement team, the Title I Policy Advisory Committee, the District-wide Policy Advisory council, the State's Committee of Practitioners, the School Support Team or other school advisory of policy groups.

STUDENT RESPONSIBILITIES

We, as the students, will share the responsibility to improve our academic achievement and achieve the state's high standards. Specifically, I will:

- Do my homework every day and ask for help when I need it.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare all notices and information received from my school every day.

\_\_\_\_\_  
Bowring Public School  
  
\_\_\_\_\_  
Parent  
  
\_\_\_\_\_  
Student

\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

NICOLE HINKLE  
Superintendent

RHONDA KOHNLE  
Vice President  
Board of Education

JOHN STROM  
President  
Board of Education

GINGER CHINN  
Clerk  
Board of Education

MELISSA STOY  
Treasurer

TAMMY BUTCHER  
Encumbrance Clerk

## Bowring School Dist. C007

Mailing Address: 87 CR 3304 Pawhuska, OK 74056  
Physical Address: 1001 Lottie Street Bowring, OK 74009  
Phone: 918-336-6892 Fax: 918-336-1348

The following people are approved to pick up my child, \_\_\_\_\_  
without me calling in to notify.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

NICOLE HINKLE  
Superintendent

RHONDA KOHNLE  
Vice President  
Board of Education

JOHN STROM  
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Physical Address: 1001 Lottie Street Bowring, OK 74009  
Phone: 918-336-6892 Fax: 918-336-1348

PARENTS: Please complete this form as accurately as you can. We request this information at enrollment to assist us in planning for special services that your child may require.

Students Name: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

- 1) Does your child have a diagnosis that might affect his/her educational performance? (for example: ADHD, Autism, Arthritis, or anything else) YES \_\_\_ NO \_\_\_
- 2) Does your child have an Individualized Education Program (IEP)? YES \_\_\_ NO \_\_\_

What services/support does your child receive?

Resource room (circle area) Yes \_\_\_ No \_\_\_  
Math, Reading, Other: \_\_\_\_\_  
Speech/Language Yes \_\_\_ No \_\_\_  
Occupational Therapy Yes \_\_\_ No \_\_\_  
Physical Therapy Yes \_\_\_ No \_\_\_  
Behavioral Interventions Yes \_\_\_ No \_\_\_  
Gifted Yes \_\_\_ No \_\_\_

- 3) Has your child ever been tested for special education services, even if he/she did not qualify?  
Yes \_\_\_ No \_\_\_
- 4) Does your child have a 504 Plan? Yes \_\_\_ No \_\_\_
- 5) Does your child receive Title I services? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

Bowring School  
Parent Authorization Form  
2024-2025

This notice is to inform parents of possible student screenings, periodically, through the school year.

The screening activities may include vision, hearing, speech and language. The results of any screening are made available to parents or legal guardians, teachers, and school administrators. No child shall be screened without a parent authorization for on file.

Please sign one of the blanks below:

I authorize the Bowring Schools to screen my child: \_\_\_\_\_  
Students Name

I do not wish my child \_\_\_\_\_ to be screened.  
Students Name

\_\_\_\_\_  
Parents Name

\_\_\_\_\_  
Date

**ED 506 Form**  
**Indian Student Eligibility Certification Form for Title VI Indian Education Formula Grant Program**

**Parent/Guardian:** This form serves as the official record of the eligibility determination for each individual child included in the student count for the Title VI Indian Education Formula Grant Program. If you choose to submit a form, your child could be counted for funding under the program. The grantee receives the grant funds based on the number of eligible forms counted during the established count period. You are not required to complete or submit this form unless you wish for your child(ren) to be included in the Indian student count. This form should be kept on file with the grant applicant and will not need to be completed every year. Where applicable, the information contained in this form may be released with your prior written consent or the prior written consent of an eligible student (aged 18 or over), or if otherwise authorized by law, if doing so would be permissible under the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and any applicable state or local confidentiality requirements.

**Student Information**

Name of the Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

**Tribal Membership**

The individual with Tribal membership is the (select only one):  child  child's parent  child's grandparent

If the individual with Tribal membership is not the child listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Name and address of Tribe or Band that maintains updated and accurate membership data for the individual listed above:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Tribe or Band is (select only one):

- Federally Recognized Tribe
- State Recognized Tribe
- Terminated Tribe
- Alaska Native
- Member of an organized Indian group that received a grant under the Indian Education Act of 1988 as it was in effect October 19, 1994.

Proof of membership in Tribe or Band listed above, as defined by Tribe or Band is:

- Membership or enrollment number establishing membership (if readily available) or
- Other evidence establishing membership in the Tribe listed above (describe and attach)

Membership or enrollment number establishing membership (if readily available) or other evidence establishing membership in the Tribe listed above (describe and attach). \_\_\_\_\_

**Attestation Statement**

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_